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26522 La Alameda Avenue, Suite 360
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tel: (949) 282-1000
fax: (949) 282-1002**FACSIMILE TRANSMISSION COVER SHEET****Date:** September 22, 2004**To:** United States Patent and Trademark Office
Examiner Jamal, Alexander, Art Unit 2643**Fax:** (703) 872-9306**Re:** **Application Serial No.: 09/676,742**
Filing Date: 9/29/2000; Inventor: Frank Sacca
Attorney Docket No.: 0200105**From:** Farjami & Farjami LLP**Number of pages including the cover sheet:** 14**Message:**

Enclosed please find the Response to the Non-Final Office Action dated July 23, 2004. A Notice of Recordation of Assignment Document (Exhibit A) is also enclosed.

Thank you.

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Attorney Docket No.: 0200105

AMENDMENT COVER SHEETIN RE APPLICATION OF: Sacca, FrankSERIAL NO.: 09/676,742 FILED: September 29, 2000FOR: Surge Protection for a Data Access ArrangementHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	17	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0200105

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$00.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 9/22/04By: 

Michael Farjami, Reg. No. 38,135

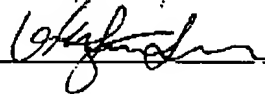
CERTIFICATE OF FACSIMILE TRANSMISSION

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9/22/2004

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Name of Person Performing Facsimile Transmission

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. on:

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